

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

AL GREEN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. KCOH RADIO

Mailing Address 5011 ALMEDA ROAD

City	State	Zip Code
HOUSTON	TX	77004

Purpose of Disbursement
Campaign Town Hall Meeting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 18 / 2012

Amount of Each Disbursement this Period

1300.00

Transaction ID : SB21.8130

B. LEE, SHEILA JACKSON

Mailing Address 4412 ALMEDA ROAD

City	State	Zip Code
HOUSTON	TX	77004

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: TX District: 18

Date of Disbursement

M M / D D / Y Y Y Y
11 / 06 / 2012

Amount of Each Disbursement this Period

500.00

Transaction ID : SB21.8159

c. Don Sam

Mailing Address 5011 Almeda Road

City	State	Zip Code
Houston	TX	77004

Purpose of Disbursement
Assistance with Campaign Town Hall Meeting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 19 / 2012

Amount of Each Disbursement this Period

500.00

Transaction ID : SB21.8135

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2300.00